Experiences of Racism Among African American Parents and the Mental Health of Their Preschool-Aged Children

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Objectives. We examined the relationship between parents' experiences of racism and children's well-being and the influence of the residential neighborhood characteristics on this relationship.

Methods. African American families were recruited from Baltimore neighborhoods. Parental measures included racism experiences and coping. Neighborhood measures included demographic characteristics, social cohesion, and social climate. Children's mental health was assessed with the Child Behavior Checklist. Analysis was performed with multilevel modeling.

Results. Parents who denied experiences of racism also reported higher rates of behavior problems among their preschool-aged children. For families living in neighborhoods characterized by fear of victimization, parents who actively coped with racism experiences by confronting the person involved or taking some sort of action in response to racism reported lower rates of anxiety and depression for their preschool-aged children.

Conclusions. Experiences of and responses to racism among African American parents have important effects on the well-being of their young children. (*Am J Public Health.* 2004;94:2118–2124)

Living in racialized societies such as the United States[1,2] can involve adverse health consequences for members of subordinate racial groups,[3] including negative effects of interpersonal racial discrimination and of characteristics of place of residence on both physical and mental health.[2,4–9] More than a dozen surveys of African Americans have shown an inverse association between self-reported experiences of interpersonal racial discrimination and mental or physical health status.[7,10–15]

The identification of pathways by which experiences of interpersonal racism lead to adverse health outcomes is still an exploratory area of research.[13] The measurement of racism is also in its infancy, and currently no comprehensive measures capture all aspects of experiences of interpersonal racial discrimination.[14] Although reporting discriminatory experiences is associated with greater levels of adverse outcomes, denying actual discrimination may result in equal or greater levels of adverse health effects as those associated with reporting discrimination.[2,10,15] Denial of racism (e.g., denying the existence of racism experience by oneself or by others of one's own racial group[6,16]) is a way of coping that, it has been suggested, leads to poor physical and mental health.[6,15–17] Evidence suggests that more than 90% of African Americans who report having no experiences of discrimination have nevertheless been discriminated against, if discrimination is measured with objective indicators.[18] Thus, research on experiences of discrimination should examine those who report racism experiences as well as those who report no racism experiences.[15]

Because the study of racism is new to the field of public health, previous research into questions of how parental experiences of racism might affect the well-being of African American children is nonexistent. One mechanism by which such parental experiences may affect the well-being of preschool-age African American children is through racial socialization strategies,[19–20] defined as "specific messages and practices that provide information concerning the nature of race status."[20(pp401–402)] African American parents who emphasize the development of cultural pride in their preschoolers report lower levels of problem behaviors, especially anxiety or withdrawal, in these children.[21] Because racial socialization is how African Americans educate their children to perceive themselves as part of the larger society, the degree to which denial of racism reflects a specific perspective of African American identity might be expected to produce differences in racial socialization practices and, in turn, to differences in child mental health status.

One limitation of current racism research is that it has yet to integrate psychosocial mechanisms with neighborhood characteristics. Analytic techniques integrating mechanisms involving 2 levels have been applied to child behavioral outcomes.[22–26] Kalff et al.[25] reported that after parental socioeconomic status (SES) was taken into account, relative neighborhood poverty was associated with higher rates of child behavioral problems. A study of Chinese Americans found that interpersonal and neighborhood racial discrimination were predictive of poor health status.[27] However, no studies have used a multilevel framework to integrate self-perceived and residential-area characteristics in the prediction of mental health outcomes among African Americans adults or children.[7]

We sought to explore the relation between children's mental health and neighborhood characteristics, parental experiences of interpersonal racism, parental coping behaviors, and parental racial socialization practices. We addressed the following questions: (1) What is the prevalence of reported racism experiences among African Americans living in an urban setting? (2) What is their typical response to these experiences? (3) Are differences in behavioral and emotional responses to acknowledged racism experiences among African American parents associated with differences in the socioemotional well-being of their preschool-aged children?

We hypothesized that parental self-reported experiences of and responses to racism would affect the child's socioemotional development through effects on the parents' racial socialization strategies. We also aimed to address an-

other research question: Do neighborhood conditions affect the prevalence of reported racism experiences, responses to racism, or racism's effect on the socioemotional well-being of children?

METHOD

Participants

Baltimore census tracts were stratified by average household wealth, derived from 1997 projected data (Claritas/National Planning Data Corporation, Ithaca, NY), and according to racial composition (≥80% African American, ≥80% European American, racially mixed). Two census tracts were chosen from each stratum, and 1–3 block groups were chosen as study neighborhoods from each selected tract. We used census block groups to define neighborhoods, because block groups are more homogeneous than census tracts.[28] The number of block groups chosen was not constant, because the number of block groups varied per tract, and the racial composition of block groups was not always consistent with the composition of the tract. Block groups resembled Baltimore overall, except for racial composition. The average proportion of African Americans was higher among study block groups than in the city (85.7% vs 61.9%; $t=6.76$, $P<.01$). African American families with children 3–4 years old were recruited through door-to-door canvassing, targeted mailings, day-care centers, and Head Start programs. Participants had lived in their block group for at least 6 months. Refusals were minimal (<5%), and the number of participants per block group averaged 5.13 (range 1–16). Two home visits with 200 families were conducted, each lasting 2.5 hours on average. In each family, the primary caregiver of the target child (hereafter referred to as the "parent") was interviewed.

Measures

Data were collected at both the block group and the family level. Block group variables included SES, proportion African American, crime density, social cohesion, and negative social climate. Using all block groups in the city, we standardized each variable, and the component variables were averaged.

Socioeconomic status was assessed with a measure of neighborhood impoverishment[29] (combined poverty, unemployment, and vacant housing rates) and the proportion of single-headed households with children younger than 5 years, as derived from 1997 projections of 1990 census data provided by Claritas/National Planning Data Corporation. African American density—the proportion of the population that was African American—was also based on these data. Crime density was defined as the number of crimes per square mile, as recorded by the police department.

Neighborhood social cohesion and negative social climate were assessed with the Neighborhood Environment for Children Rating Scales (NECRS)[30] and with a measure of psychological sense of community.[31–32] Three subscales of the NECRS were used as indicators of neighborhood social cohesion: willingness of adults in the neighborhood to intervene in acts of delinquency (stop delinquency), to intervene in acts of child misbehavior (stop misbehavior), and to assist children in need (assist). The internal reliability coefficients for these subscales are .90, .85, and .81, respectively. Three additional subscales of the NECRS were used as indicators of neighborhood negative social climate: perceived physical/social disorder, fear of retaliation, and fear of victimization. The internal reliability coefficients for these subscales are .92, .90, and .94, respectively.

Psychological sense of community was used as a measure of social cohesion. A 13-item scale assessed the respondent's perceived sense of membership, shared emotional connection, and degree of mutual influence in the neighborhood. The reliability and validity of this instrument is reported elsewhere.[33–34] In previously published research, we reported a factor analysis resulting in 2 factors: general psychological sense of community and social knowledge of one's neighbors.[35] Findings indicated that very low knowledge of one's neighbors, as represented by the lowest quartile, was an important predictor of child behavior problems. Therefore, we used this binary variable in the current analysis.

Family variables included family SES, parental denial of racism, racism coping strategies, and child behavior problems. SES measures included family poverty level and parental education. Family poverty was defined by family income adjusted for family size as a proportion of the federal poverty level. Parental education was categorical: less than high school, high school diploma or equivalent, and more than high school.

Parent racial socialization strategies were measured with the Parent's Experience of Racial Socialization (PERS) Scale (Stevenson H, PhD, Pennsylvania State University; unpublished material, 2001), adapted for use with parents of preschoolers. The scale consists of 40 items that asked parents how often they communicate particular messages to their children. We limited this analysis to the racial pride factor, because our previous work has demonstrated that racial pride alone is associated with child behavioral well-being after adjustment for general level of parent involvement.[21] The racial pride factor has an internal reliability coefficient of .76.

Assessment of racism involved 2 measures: denial of experience of racial discrimination and parental coping strategies in response to racism. These measures were assessed with 2 components of the Racism and Life Experiences Scales (RaLES).[36] We used the 4 RaLES-B questions that provided the most direct assessment of racism experiences to create an overall index of denial of racism. (The instruments used are available from the corresponding author.) The response set for each question was a 5-point Likert scale ranging from 1 ("not at all," "never") to 5 ("extremely," "every time"). We counted the number of items to which the respondent answered "not at all," resulting in an index ranging from 0 to 4, with higher scores reflecting greater denial of racism. We further divided this overall index into 2 indexes that differed in terms of referent. Denial of racism to self counted the number of "not at all" responses to the first 2 questions (lifetime racism experience and experiences during the past year). Denial of racism toward other African Americans counted the number of "not at all" responses to the third and fourth questions (effect of racism on others of one's same racial or ethnic group and on friends or family). Nine items from the RaLES were used to measure coping responses to racism experiences. Emotional coping included the first 6 items, and behavioral coping included the remaining 3 items. These scales have internal reliability coefficients of .68 and .53, respectively.

Child mental health status was assessed with the Child Behavior Checklist.[37] The Child Behavior Checklist yields scores for internalizing

TABLE 1—Characteristics of Neighborhoods and Respondents: African American Primary Caregivers of Preschool-Aged Children, 1998–1999

	No. (%)
Neighborhoods (n = 39)	
Predominant race/ethnicity[a]	
African American	29 (74.4)
European American	1 (2.6)
Racially mixed (no predominant race/ethnicity)	9 (23.1)
Average household wealth, quartile ($ thousands)	
Lowest (≤ 62)	11 (28.2)
Lower middle (> 62 to 102)	9 (23.1)
Upper middle (> 102 to 144)	10 (25.6)
Highest (> 144)	9 (23.1)
Number respondents, mean (SD); range	5.13 (3.08); 1–16
Neighborhood impoverishment *z* score, mean (SD); range	0.092 (0.754); –0.87–2.62
Social cohesion	
Stop delinquency	3.98 (0.58); 2.90–5.00
Stop misbehavior	3.50 (0.71); 2.25–5.00
Assist children in need	3.74 (0.71); 2.20–5.00
Negative social climate	
Physical/social disorder	2.52 (0.86); 1.00–4.15
Fear of retaliation	2.71 (0.80); 1.00–4.14
Fear of victimization	2.84 (0.74); 1.29–4.15
Respondents (n = 200)	
Neighborhood predominant race/ethnicity[a]	
African American	174 (87.0)
European American	1 (0.5)
Racially mixed (no predominant race/ethnicity)	25 (12.5)
Neighborhood average household wealth, quartile ($ thousands)	
Lowest (≤ 62)	65 (32.5)
Lower middle (> 62 to 102)	45 (22.5)
Upper middle (> 102 to 144)	52 (26.0)
Highest (> 144)	38 (19.0)
Respondent's relationship to child	
Mother	173 (86.5)
Father	4 (2.0)
Grandparent	18 (9.0)
Other relative	5 (2.5)
Poverty status, % of federal poverty level	
< 100	89 (44.5)
100–179	50 (25.0)
≥ 180	61 (30.5)
Educational attainment	
< high school	47 (23.5)
High school or equivalent	82 (41.0)
> high school	71 (35.5)
Gender of target child	
Male	93 (46.5)
Female	107 (53.5)

Continued

problems (e.g., anxiety, depression, withdrawal) and externalizing problems (e.g., aggression), as well as a score for total problem behaviors. Raw scores were converted to *t* scores; higher scores indicate a greater number and more severe problem behaviors.

RESULTS

Sample Characteristics

Characteristics of respondents and block groups are shown in Table 1. Approximately three fourths of the block groups are African American. Of the 200 participants, 173 (86.5%) were mothers of the target child. The sample was economically heterogeneous, with 44.5% living below the federal poverty level and 30.5% with incomes above 180% of the federal poverty level. Most participants (87%) were living in an African American block group, consistent with the segregated nature of Baltimore. All participants had lived in their block group for 1 year or more, with 32% having resided in their block group for 10 years or longer.

Prevalence of Reported Racism Experiences

The distribution of the racism denial indexes are also displayed in Table 1. A little more than half of participants agreed with all 4 questions regarding experiences of racism. Because of the skewed distribution of the index, 3 groups were created to represent both acknowledgment and denial of racism: agreed with all items (102, or 51%), denied 1–2 items (75, or 37.5%), and denied 3–4 items (13, or 6.5%). Furthermore, we observed differences in respondents' reporting of their own versus others' experiences of racism. Respondents were much less likely to report racism experienced personally than they were to acknowledge that racism had affected their friends and family or that it affected African Americans in general (this phenomenon is known as personal–group discrimination discrepancy).[38] Only 13 (6.5%) participants denied that racism affected their friends or family, compared with 35 (17.5%) participants who denied personally experiencing racism in the past year or during their lifetime.

We observed no differences in the prevalence of reported racism by family poverty status and only moderate differences by parent

TABLE 1—*Continued*

Distribution of racism denial indexes (n = 200)[a]	
Overall index of denial: no. of items denied	
0	102 (51.0)
1	54 (27.0)
2	21 (10.5)
3	12 (6.0)
4	1 (0.5)
Denial of racism to self: no. of items denied	
0	101 (50.5)
1	57 (28.5)
2	35 (17.5)
Denial of racism to other African Americans: no. of items denied	
0	166 (83.0)
1	17 (8.5)
2	13 (6.5)

[a]At least 80% any single racial/ethnic group.
[b]Balance of frequency distributions represents missing data.

education or employment status (χ^2=8.97 and 8.01, respectively; $P<.10$). The rate of denial was slightly higher among individuals with a high school education and among individuals who were currently unemployed but had been employed within the past 5 years. In both cases, this difference appeared to be a function of denying personal racism experiences, as opposed to denying racism experiences of friends or family or of African Americans in general.

Responses to Racism Experiences

We examined variations in coping responses to racism among respondents who reported personal experiences of racism within the past year or sometime during their lifetimes (n=155). The average score for the emotional response scale was 2.59 (SD=0.63), and the average behavioral response scale score was 2.99 (SD=0.80). No differences in responses to racism experiences were associated with poverty, educational, or employment status.

TABLE 2—Average Child Behavior Problem Scores, by Level of Parental Denial of Racism: African American Preschool-Aged Children, 1998–1999

	Total Problem Behaviors, Mean (SD)	F test	Internalizing Problems, Mean (SD)	F test	Externalizing Problems, Mean (SD)	F test
Overall index of denial: no. of items denied						
0	42.82 (10.76)	3.40**	45.21 (11.03)	2.00	43.53 (8.62)	4.10**
1–2	45.84 (10.68)		47.25 (9.15)		46.58 (10.79)	
3–4	49.77 (9.64)		50.54 (8.83)		50.23 (8.52)	
Denial of racism to self: no. of items denied						
0	42.87 (10.99)	3.23**	45.11 (11.06)	2.46*	46.61 (8.89)	3.41**
1	46.93 (10.73)		47.87 (8.89)		47.56 (11.11)	
2	46.80 (10.43)		49.03 (9.58)		46.71 (9.05)	
Denial of racism to others: no. of items denied						
0	43.66 (10.48)	6.52***	45.64 (10.16)	6.03***	44.51 (9.49)	3.67**
1	48.47 (12.73)		50.76 (10.81)		48.24 (10.67)	
2	53.54 (6.32)		54.31 (6.81)		50.92 (7.23)	

*$P<.10$, **$P<.05$, ***$P<.01$. All P values are 2-tailed.

Parental Racism Experiences and Child Behavior Problems

Average Child Behavior Checklist scores for each level of racism denial are shown in Table 2. Higher denial was associated with higher total problem behavior scores and higher externalizing problem scores. Post hoc comparisons indicated that this association was driven primarily by a higher rate of behavior problems among children whose parents denied 3–4 items than among children whose parents denied none of the items. The pattern of results differed according to the referent (self vs other African Americans). No differences in the rate of behavior problems in children were associated with the parents' report of personal racism experiences. By contrast, the rate of behavior problems (especially internalizing problems such as depression and anxiety) was significantly higher among children whose parents denied that racism affected those close to them or African Americans in general.

Child behavior problems were less common if parents reported taking an active behavioral response to racism. Among parents who reported racism experiences at some point in their lives, the correlation between total child problem behaviors and parental behavioral responses was marginally significant ($r=-.14$, $P=.08$). Specifically, there was a negative association between parental active behavioral responses to racism and child symptoms of depression and anxiety ($r=-.22$, $P<.01$).

Racism and Child Behavior Problems in the Neighborhood Context

Multilevel linear regression analysis was used to examine joint influence of parental responses to racism, parental racial socialization practices, and block group conditions on child behavior problems. Among Child Behavior Checklist problem behaviors, only internalizing behavior showed significant between-block group variance. After we adjusted for between-block group differences in family

TABLE Multilevel Linear Regression of Child Behavior Checklist Internalizing *t* Scores on Measures of Parental Responses to Racism and Neighborhood Characteristics: African American Preschool-Aged Children, 1998–1999

	Individual-Level	Neighborhood-Level Models, b (SE)					
	Model b (SE)	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Intercept	56.27 (3.08)	56.29 (3.18)	46.90 (6.86)	59.36 (3.42)	60.99 (4.02)	48.43 (4.25)	30.67 (8.49)
Individual-level variables							
Does not deny that others experience racism	–1.20 (1.58)	…	…	…	…	…	…
Takes active behavioral response to racism	–2.84 (1.02)	–3.33 (1.02)	–3.26 (1.01)	–3.27 (1.01)	–3.58 (1.01)	–3.03 (1.04)	2.72 (2.63)
Knows few neighbors	–1.52 (1.97)	–.53 (2.14)	…	…	…	…	…
Neighborhood-level variables							
Neighborhood impoverishment	…	1.65 (1.60)	…	…	…	…	…
Proportion African American	…	…	.10 (.06)	…	…	…	…
Crime density	…	…	…	–.001 (.001)	…	…	…
Social cohesion–to stop delinquency	…	…	…	…	–.88 (.77)	…	…
Negative social climate–fear of victimization	…	…	…	…	…	2.29 (.78)	8.65 (2.88)
Cross-level interactions							
Knows few neighbors × neighborhood impoverishment	…	–5.16 (3.08)	…	…	…	…	…
Behavioral response to racism × fear of victimization	…	…	…	…	…	…	–2.16 (.96)
χ^2 for model improvement	…	17.49*	2.57	2.55	15.58*	173.26*	178.15*

Note. All models were adjusted for family income. χ^2 for model improvement compared each neighborhood model with an individual-level model that includes only family income and behavioral response to racism.
*$P < .001$. All *P* values are 2-tailed.

SES, the intraclass correlation for internalizing behaviors was .17 ($t=2.12$, $P<.05$)—that is, approximately 17% of the variance in internalizing problems was between block groups, with the remaining 83% between children.

Because depression or anxiety was the only outcome showing significant between-block group variance, multilevel regression analyses were limited to this outcome. In addition to variables significant in preliminary analyses, we included an interaction between the psychological sense of community variable "knows few neighbors" (very low knowledge of neighbors) and neighborhood impoverishment, because our previous work had indicated that the interaction between these 2 variables was an important predictor of symptoms of depression and anxiety.[35] The results of the multilevel regression analysis are displayed in Table 3. In the first model, the individual-level variables (denial of racism to others, behavioral responses to racism, and "knows few neighbors") were entered. Only behavioral response to racism was significant, with parents who took an active behavioral response to racism reporting fewer child problems with anxiety and depression.

Models 1–6 reflect the addition of each block group variable. In the first model, we retained the "knows few neighbors" variable and added both neighborhood impoverishment and the cross-level interaction with impoverishment on the basis of previous research.[35] When behavioral response to racism was included, the interaction between the "knows few neighbors" variable and neighborhood impoverishment was no longer significant.

After control for individual variables, only fear of victimization was associated with more internalizing problems. In model 6, we tested the interaction between neighborhood victimization and parental behavioral response to racism; this interaction was significant. As can be seen in Figure 1, in block groups in which fear of victimization was low, parental behavioral responses to racism were unrelated to symptoms of depression or anxiety among children. However, in high-fear block groups, behavioral response by parents to racism appeared to protect children against anxiety and depression.

In the final model in Table 3 (model 6), we tested whether the effects of parental responses to racism are mediated by racial socialization strategies. Even when socialization of racial pride was included in the model, the interaction between behavioral responses to racism and neighborhood social climate was still significant. Therefore, the hypothesis of mediation was not supported.

DISCUSSION

In this study, we examined the ways in which racism experiences affect the mental health of preschool-aged children and how these effects might be moderated by neighborhood characteristics. A large proportion of parents reported that they and their friends and family had experienced racism. In fact, our study participants reported higher levels of racism among friends and family than among themselves. This personal–group discrimination discrepancy phenomenon has been observed in other studies, although detecting it may be affected by the explicitness of measures of discrimination used.[38] Those in our sample who reported experiencing racism were likely to take action during these incidents. Experiences of racism and responses to these experiences varied little by demographic characteristics of participants.

Some respondents reported not experiencing racial discrimination, a response that has been associated with poor outcomes. Although it is possible that respondents who denied ex-

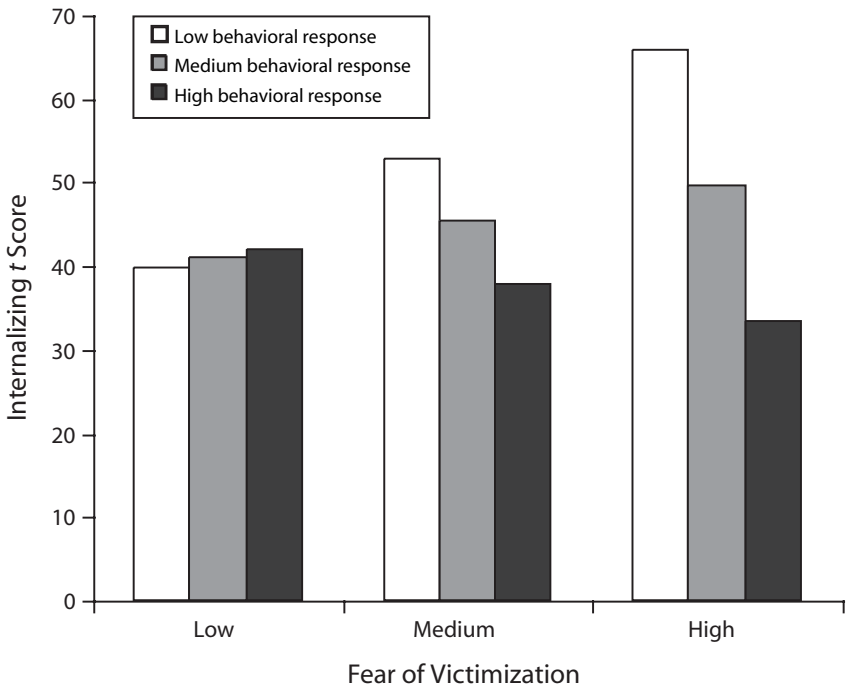

FIGURE 1—Influence of neighborhood levels of fear of victimization on parental behavioral response to racism and child internalizing behavior problems.

periencing racism never did encounter racism, this possibility does not seem a likely explanation for the majority of respondents.[39] In fact, parents who denied experiencing racism had the highest behavioral problems among their children. On the other hand, parents who reported actively coping with racism experiences by confronting the person involved or taking some sort of action in response to racism also reported fewer behavioral problems in their children. Our results support Krieger's hypothesis of the harmful effects of denial of racism on health, first tested with hypertension,[2,10,39] by testing the hypothesis with child mental health outcomes.

Our hypothesis that the effect of parental experiences of and coping with racism on child mental health status would be mediated by parental racial socialization strategies was not supported. Future research should include a wide variety of parenting factors to elucidate the pathways through which experiences of racism affect children's mental health.

We examined several neighborhood characteristics in relation to child mental health: neighborhood impoverishment, proportion African American, crime density, social cohesion, and negative social climate. Only negative social climate, especially fear of victimization, was associated with child symptoms of depression and anxiety. We examined psychological sense of community as reported by respondents and found that this factor was not associated with child mental health after other individual factors were controlled. This result is in contrast to our previous findings,[35] specifically that lack of knowledge of one's neighbors was associated with better mental health outcomes for children in low-income neighborhoods. This difference in findings may have resulted from the fact that our previous study had not considered joint effects of behavioral responses to racism and psychological sense of community.

We found that behavioral responses to racial discrimination were protective only in neighborhoods characterized by high levels of fear of victimization. We can only speculate about possible psychosocial mechanisms behind this association. Some studies of African American women living in urban areas have found evidence of joint effects of interpersonal discrimination and neighborhood stressors on poor health.[40–42] Therefore, active coping in the face of interpersonal discrimination might be particularly protective for parents exposed to stressful neighborhood environments, such as those identified by our fear of victimization indicator.

Limitations in our analyses should be noted. First, given the cross-sectional design of the study, the timing of racism experiences relative to the occurrence of adverse child mental health could not be established. Future research should collect information on the timing of the onset of children's mental health problems, as well as on experiences of racial discrimination in specific narrow periods (e.g., while the child was an infant) corresponding to key developmental periods of child development.

More comprehensive measures are needed in this area. Although we included a variety of neighborhood characteristics beyond economic indicators,[43] our measures did not include indicators of discrimination at the neighborhood level, such as segregation and redlining, which have been associated with self-reported health.[27] Such indicators may have added information regarding the types of social environments that have an impact on individual-level discrimination or child mental health.

The strengths of our study, however, are numerous. We studied a sample of African American families of diverse socioeconomic backgrounds and neighborhoods. We included a wide selection of information on both individual and neighborhood correlates of child mental health, minimizing the possibility that our results would be affected by confounding of unmeasured factors. In addition, the multilevel analysis design allowed us to demonstrate the contextual nature of the health effects of experiencing racism: parental responses to racism experiences are important for children's mental health, but neighborhood social environment matters as well.

This study contributes to our understanding of how we might improve the mental health of preschool-aged children.[44] Acknowledging racism is related to better child mental health outcomes, as is acting on experiences of racial discrimination. Furthermore, the fact that this association was dependent on characteristics of the neighborhoods in which families lived underscores the importance of incorporating

characteristics of the community into all studies of child mental health. ■

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Contributors

M.O. Caughy and P.J. O'Campo designed and implemented the data collection for the project. They and C. Muntaner conceptualized the study aims. M.O. Caughy conducted all analyses, and all authors contributed to writing.

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Human Participant Protection

The project protocol was reviewed and approved by the institutional review boards at both the University of Texas Health Sciences Center, Houston, and the Johns Hopkins Bloomberg School of Public Health.

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